

**THOMAS JEFFERSON HEALTH DISTRICT
TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION**

OFFICE USE:

Fee Status: normal exempt not applicable

Check#: _____ Amount: _____

Receipt #: _____

Health Department Office	Address	Phone Number	Fax Number
Charlottesville/Albemarle County	1138 Rose Hill Drive, PO Box 7546 Charlottesville, Va. 22906	434-972-6219	434-972-4310
Fluvanna County	Rt. 15 County Office Bldg. PO Box 136 Palmyra Va.22963	434-591-1965	434-591-1961
Greene County	50 Stanard St. PO Box 38 Stanardsville, Va. 22973	434-985-2262	434-985-4822
Louisa County	101 Ashley St. PO Box 336 Louisa, Va. 23093	540-967-3703	540-967-3706
Nelson County	63 Courthouse Square PO Box 98 Lovingston, Va. 22949	434-263-4297	434-263-4304

TO BE SUBMITTED A MINIMUM OF 10 DAYS PRIOR TO EVENT

Note: submission of an incomplete or late application may delay processing, restrict menu or be rejected.

(PLEASE Print or Type completing both sides of the form)

Date of Application: _____

Name of Organization or Individual: _____

Mailing Address: _____

Representatives Name: _____

Telephone numbers: (W) _____ (H) _____ (C) _____

E-Mail Address: _____ Fax #: _____

Event Name: _____

Event Location: _____

Date(s) of Operation: _____ Time(s) _____ to _____

Type of Food Facility: _____

(Beverage Wagon, Booth, Kitchen, Tent, etc.)

Vendor Fee - \$40 per event to a maximum of \$40 a year (include a copy of receipt with application).

There are no fees for an exempt organization/group such as churches, fraternal, school and social organizations and volunteer fire departments and rescue squads.

Are you with an exempt organization as defined above that has a current Thomas Jefferson Health District Cooking for Crowds Waiver: _____yes _____no

Waiver Expiration Date: _____ (Attach a copy of both sides of waiver to application)

Are you participating: as an: _____individual or as _____ part of a group or organization?

If an individual do you live in the city or county in which the event takes place? ____yes ____no

If an individual will you participate in more than one event this calendar year? ____yes ____no

Please provide the following information. Failure to provide the necessary information regarding your operation may delay the processing of your application.

Water Service _____ Sewage Disposal _____

Solid Waste Disposal _____ Liquid Waste Disposal _____

Food, Beverages and Equipment:

Food/beverage serving	Where is food purchased?	Where is food prepared (on site at event, in organization's kitchen, at a permitted facility)	Methods of food preparation, (cooking, holding)
Example: <i>Hamburger, onions, iced tea</i>	Example: <i>local market, food distributor</i>	Example: <i>on site, church kitchen, restaurant</i>	Example: <i>Cooked to 170° F, held in pan on grill. Washed, sliced and held in cooler.</i>

(Please attach another sheet [page 3] with the same information, if additional space is needed)

Method of hand washing	Condiments offered & how served (prepackaged, bulk containers)	List utensils used and how they will be cleaned, and type of sanitizer used	Types of refrigeration (coolers, refrigerator, freezer, etc.)	Cooking Equipment*
Example: <i>Soap, hot water, towel, catch basins.</i>	<i>Prepackaged mustard, catsup, etc.</i>	<i>Tongs, spatula, knife (3 basin set up for bleach water sanitizer</i>	<i>Refrigerator, cooler with ice</i>	<i>Electric grill, steam table, deep fat fryer, hot plate</i>

(Please attach another sheet [page 3] with the same information, if additional space is needed)

* Do you have cooking or reheating equipment that can rapidly heat foods to 165°F or above? _____

NOTE: Crock pots are not acceptable for the cooking or reheating of foods.

Are thermometers available in each refrigeration unit? _____

Are calibrated metal stem thermometers provided to monitor food temperatures? _____

Method used to prevent bare hand contact with ready-to-eat foods? _____

CERTIFICATION

I have read the attached instructions, understand them, and will comply with their requirements. I understand that failure to comply may result in denial of my application for a permit or suspension of my permit, per 12 VAC 5-421-3730 and 12 VAC 5-42-3770, Commonwealth of Virginia Board of Health Food Regulations, January 2010.

Signature of Applicant

Date

Printed Name of Applicant

Please submit this page only if additional space is needed

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